

Arapahoe Health Center



Executive Summary

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service.

The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

Historical Utilization

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

Market Assessment

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

Service Delivery Plan

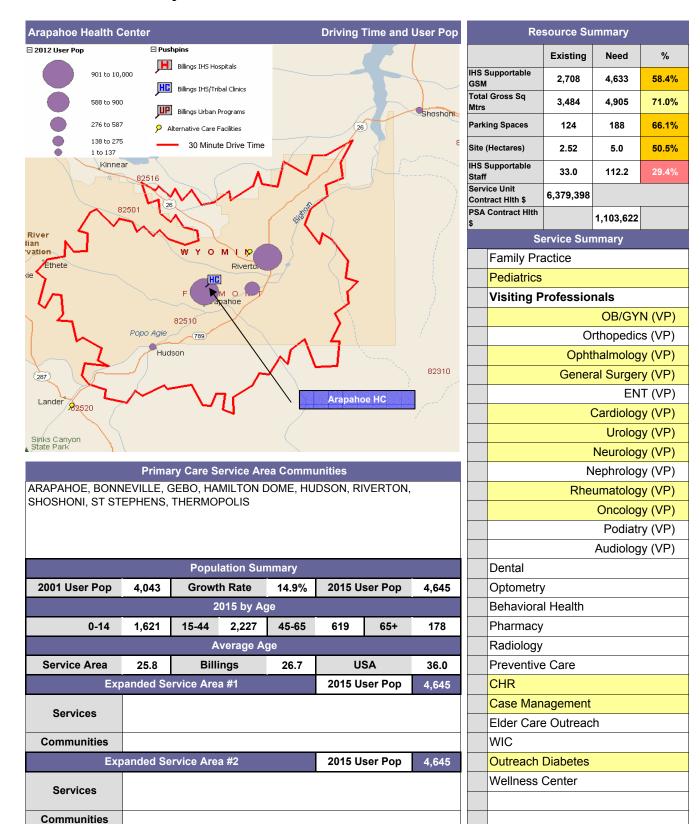
Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

Resource Allocation

Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.



Executive Summary





Executive Summary

	Services & Resourcing Priorities
1	Obtain pediatric onsite provider with adequate space
2	Secure a dedicated inpatient Alcohol and substance abuse solution because that is the single largest mortality contributor (regional or localdoesn't matter)
3	Increase Substance abuse and alcohol counselors
4	Outreach elder care staff and space
5	Increase preventive care staff and space: public health nursing, nutrition, health education
6	Increase primary care space overall
7	Increase Dental Staff, space and chairs (Hygienist)
8	Provide security services (24/7)
9	Provide dedicated space for visiting provider clinic (*this includes OB/Gyn on-site visiting provider as a priority)
10	Functional teen clinic as part of preventive care.
11	Solidify funding permanence for Optometry secretary
12	Increase all aspects of administrative staffing and space: administration, information management, health information management, business office, contract health
13	Increase Behavioral Health Office Space
14	Secure adequate housekeeping and linen staff
15	Increase Optometry Waiting area
16	Secure adequate facility management staff
17	Secure clinical engineering support
18	



Executive Summary

	Campus Infrastructure Priorities
1	Telephone system doesn't work properly. Not enough lines.
2	Heating system malfunctions in some areas.
3	Need to be wired for security cameras.
4	Reoccurring problem with floors buckling due to spring water in crawl space. It had work done on it and may be fixed they'll find out this spring.
5	Problem with flies – may be related to doors being left open because of #2.
6	Problems with vandalism – GSA vehicles and facility. Some witnesses won't prosecute for fear of reprisal within reservation.
7	Limited options to build on to building.
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	Functional Deficiencies
1	Poorly designed patient registration.
2	Waiting Room needs to be redesigned, due to pillars blocking view.
3	Mental Health area is isolated.
4	Need more office space.
5	No storage in any department.
6	Pharmacy without offices, using consultation rooms.
7	No room to expand chart storage space in Medical Records.
8	Access to crawl space is poor. Prone to vandalism.
9	No waiting room for Optometry and limited access to receptionist.
10	Dental needs more chair space.
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Historical Workloads



Historical Workloads

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	re		Coi	ntract Healt	h Care	
Discipline	1999	2000	2001	Average	1999	2000	2001	Average	% Contract Care
		Provider \	/isits Only			P	rovider Visits	Only	
Primary Care									
Family Practice	14,451	15,919	15,216	15,195	0	0	0	0	0.0%
Internal Medicine	1	1	2	1	0	0	0	0	0.0%
Pediatric	1,199	1,202	933	1,111	0	0	0	0	0.0%
Ob/Gyn	256	206	237	233	5	5	10	7	2.8%
Emergency Care									
Emergency/Urgent	9	15	12	12	0	0	0	0	0.0%
ER/Non-urgent	0	0	0	0	0	0	0	0	0%
Specialty Care									
Orthopedics	202	262	312	259	106	71	106	94	26.7%
Ophthalmology	0	0	0	0	68	61	51	60	100.0%
Dermatology	0	0	0	0	2	1	2	2	100.0%
General Surgery	41	47	23	37	133	141	145	140	79.1%
Otolaryngology	116	131	71	106	45	53	49	49	31.6%
Cardiology	1	1	0	1	43	33	29	35	98.1%
Urology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	42	18	21	27	100.0%
Nephrology	51	55	41	49	12	13	7	11	17.9%
Allergy	0	0	0	0	0	0	0	0	0%
Pulmonology				^	^		^	^	00/
Gerontology	_								_
Gastroenterology	N	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist
Rheumatology		o i rovido	. 00000	Witchill I Ki	ine cyclo		oo typoo	от ороско	anot.
Oncology	_								_
Pediatric-Genetics	0	0	0	0	0	0	0	0	0%
Traditional Healing	0	0	0	0	0	0	0	0	0%
Totals	16,327	17,839	16,847	17,004	456	396	420	424	2.4%
Direct & Tribal Care + Contract Care	16,783	18,235	17,267	17,428					

^{*} Provider Visits - Document visits to a Physician, Nurse Practitioner, Midwife, and or Physician Assistant.

Other Ambulatory Care Services

Dental Service Minutes	116,647	131,589	127,415	125,217	0	0	0	0	0.0%
Optometry Visits	1,790	1,936	1,860	1,862	26	18	17	20	1.1%
Podiatry Visits	156	191	210	186	33	27	34	31	14.4%
Dialysis Patients	17	22	27	22	0	0	0	0	0.0%
Audiology Visits	97	95	77	90	124	132	87	114	56.0%
Outpatient Behavioral									
Health									
Mental Health Visits	1,314	1,361	1,018	1,231	29	15	26	23	1.9%
Psychiatry	1	0	0	0	11	4	4	6	95.0%
Social Services Visits	295	257	459	337	0	0	0	0	0.0%
Alcohol & Substance Abuse Visits	653	770	534	652	0	0	0	0	0.0%
BH Visit Totals	2,263	2,388	2,011	2,221	40	19	30	30	1.3%

Historical Workloads



Historical Workloads

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care					
Discipline	1999	2000	2001	Average	1999	2000	2001	Average	% Contract Care	
Inpatient Care										
Labor & Delivery Births	0	0	0	0	13	10	17	13	100.0%	
Obstetrics Patient Days	0	0	0	0	30	23	42	32	100.0%	
Neonatology Patient Days	0	0	0	0	0	0	1	0	100.0%	
Pediatric Patient Days	4	0	2	2	87	99	20	69	97.2%	
Adult Medical Patient Days										
Cardiology	0	0	0	0	90	63	58	70	100.0%	
Endocrinology	0	0	0	0	18	19	21	19	100.0%	
Gastroenterology	0	0	0	0	120	112	44	92	100.0%	
General Medicine	0	0	0	0	72	44	30	49	100.0%	
Hematology	0	0	0	0	3	0	3	2	100.0%	
Nephrology	0	0	0	0	17	15	3	12	100.0%	
Neurology	0	0	0	0	30	6	0	12	100.0%	
Oncology	0	0	0	0	0	0	0	0	0%	
Pulmonary	0	0	0	0	78	69	88	78	100.0%	
Rheumatology	0	0	0	0	0	0	3	1	100.0%	
Unknown	0	3	0	1	0	4	0	1	57.1%	
Medical Patient Day Total	0	3	0	1	428	332	250	337	99.7%	
Adult Surgical Patient Days								_		
Dentistry	0	0	0	0	5	2	0	2	100.0%	
Dermatology	0	0	0	0	8	0	0	3	100.0%	
General Surgery	0	0	0	0	117	100	89	102	100.0%	
Gynecology	0	0	6	2	25	8	13	15	88.5%	
Neurosurgery	0	0	0	0	0	10	21	10	100.0%	
Ophthalmology	0	0	0	0	5	0	0	2	100.0%	
Orthopedics	8	0	0	3	178	111	118	136	98.1%	
Otolaryngology	3	0	1	1	11	7	2	7	83.3%	
Thoracic Surgery	0	0	0	0	12	23	5	13	100.0%	
Urology	0	0	0	0	10	11	44	22	100.0%	
Vascular Surgery	0	0	0	0	2	31	66	33	100.0%	
Surgical Patient Day Total	11	0	7	6	373	303	358	345	98.3%	
Psychiatry Patient Days	0	0	0	0	56	58	75	63	100.0%	
Medical Detox Patient Days	0	0	0	0	55	63	36	51	100.0%	
Sub Acute/Transitional Care	0	0	0	0	0	0	0	0	0%	
Inpatient Care Totals	15	3	9	9	1,029	878	782	896	99.0%	
Direct & Tribal + Contract	4.044	004	704	005						
Care	1,044	881	791	905	No D	ata Sour	ce at this	s time		
Substance Abuse Non- Acute	e Care									
			+							
Adult Residential Treatment	0	0	0	0	0	0	0	0	0%	
Adol. Residential Treatment	0	0	0	0	0	0	0	0	0%	
SA Transisitional Care	0	0	0	0	0	0	0	0	0%	
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%	
Elder Care										
Skilled Nursing Patients	0	0	0	0	0	0	0	0	0%	
Assisted Living Patients	0	0	0	0	0	0	0	0	0%	
Hospice Patients	0	0	0	0	0	0	0	0	0%	
Nursing Home Totals	0	0	0	0	0	0	0	0	0%	

Historical Workloads



Historical Workloads

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	re	Contract Health Care					
Discipline	1999	2000	2001	Average	1999	2000	2001	Average	% Contract Care	
Ancillary Services										
Lab Billable Tests	25,023	20,680	20,148	21,950	0	0	0	0	0.0%	
Pharmacy Scripts	45,190	46,751	47,726	46,556	0	0	0	0	0.0%	
Acute Dialysis Procedures	0	0	0	0	0	0	0	0	0%	
Radiographic Exams	1,881	1,945	1,965	1,930	8	17	0	8	0.4%	
Ultrasound Exams			·	0	0	0	0	0	0%	
Mammography Exams				0	0	0	0	0	0%	
Fluoroscopy Exams				0	0	0	0	0	0%	
CT Exams				0	0	0	0	0	0%	
MRI Exams	0	0	0	0	0	0	0	0	0%	
Nuclear Medicine Exams	0	0	0	0	0	0	0	0	0%	
Rad. Oncology Treatments	0	0	0	0	0	0	0	0	0%	
Chemotherapy Treatments	25	18	18	20	0	0	0	0	0.0%	
Physical Therapy Visits	0	0	0	0	0	0	0	0	0%	
Occupational Therapy Visits	0	0	0	0	0	0	0	0	0%	
Speech Therapy Visits	0	0	0	0	0	0	0	0	0%	
Respiratory Therapy	0	0	0	0	0	0	0	0	0%	
Cardiac Catherization	0	0	0	0	0	0	0	0	0%	
Home Health Care Patients	0	0	0	0	0	0	0	0	0%	
Minor Procedure Cases	_		0.4	4.0					2.22/	
Endoscopy	7	1	21	10	0	0	0	0	0.0%	
Outpatient Surgery Cases Cardiovascular	0	•	•			•	•	•	0.00/	
	0	2	0	1	0	0	0	0	0.0%	
Digestive Endocrine	1 0	0 0	0 0	0	0	0	0	0	0.0% 0%	
Endocrine	4	2	0	2	0	0 0	0 0	0 0	0.0%	
Gynecology	4 17	2 17	7	∠ 14	0	0	0	0	0.0%	
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0.0%	
Integument	0	0	0	0	0	0	0	0	0%	
Musculoskeletal	4	2	3	3	0	0	0	0	0.0%	
Nervous	0	0	0	0	0	0	0	0	0.0 %	
Ocular	2	2	2	2	0	0	0	0	0.0%	
Respiratory	0	0	0	0	0	0	0	0	0%	
Urogenital	0	2	0	1	0	0	0	0	0.0%	
OP Surgical Case Total	28	27	12	22	0	0	0	0	0%	
Inpatient Surgery Cases	9	0	5	5	93	76	84	84	94.8%	
Surgical Case Total	37	27	17	27	93	76	84	84	76%	
Direct & Tribal + Contract Care	130	103	101	111						
									051	
EMS - Pre-Hospital Resp.	0	0	0	0	0	0	0	0	0%	
EMS - Inter Hospital Resp	0	0	0	0	0	0	0	0	0%	





Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2015		2015 Planning Assumption						
HSP User Pop PSA		2001 4,043			4,645		Workload with Diabetes Impact			
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care	
	Pro	vider Visits On	ly	Pro	vider Visits On	ly	Provider Visits Only			
Primary care										
Family Practice	15,195	4,325		17458	4,969		4,969	4,969	0	
Internal Medicine	1	1,444		2	1,660		1,660	1,660	0	
Pediatric	1,111	2,568		1277	2,948		2,948	2,948	0	
Ob/Gyn Primary Care Sub-Tot.	240 16,548	1,659 9,996	13,352	275 19,012	1,906 11,483	15,345	1,906 19,012	1,906 19,012	0 0	
	10,540	9,990	10,002	13,012	11,400	10,040	19,012	19,012	0	
Emergency Care Emergency/Urgent	12	914		14	1,050		1,050	1,050	0	
ER/Non-urgent	0	609		0	700		700	700	0	
Emerg. Care Sub-Tot.	12	1,523	1,675	14	1,749	1,925	1,925	1,925	0	
Specialty Care		,- ,	,		, -	,	,	,		
Orthopedics	353	716		406	823		823	823	0	
Ophthalmology	60	427		69	491		498	498	0	
Dermatology	2	555		2	638		638	638	0	
General Surgery	177	541		203	621		621	621	0	
Otolaryngology	155	345		178	397		397	397	0	
Cardiology	36	115		41	132		133	133	0	
Urology	0	160		0	184		184	184	0	
Neurology	27	150		31	172		172	172	0	
Other Specialties		1,137		0	1,307		1,307	1,307	0	
Nephrology	60	Unknown		69	Unknown		69	69	0	
Allergy	0	Unknown		0	Unknown		0	0	0	
Pulmonology	0	Unknown		0	Unknown		0	0	0	
Gerontology	0	Unknown		0	Unknown		0	0	0	
Gastroenterology	0	Unknown		0	Unknown		0	0	0	
Rheumatology	0 0	Unknown		0	Unknown		0 0	0 0	0 0	
Oncology Pediatric-Genetics	0	Unknown Unknown		0	Unknown Unknown		0	0	0	
Traditional Healing	0	Unknown		0	Unknown		0	0	0	
Specialty Care Sub-Tot.	869	4,147	630	998	4,766	722	4,842	4,842	0	
Total Provider Visits By									-	
PSA Residents	17,428	15,666	15,657	20,023	17,998	17,992	25,778	25,778	0	
Provider Visits	Unmet	1,771	Over Utilization	n if (+)						
Flovider visits	need if (-)) 1,771	Over Otilizatio	"" " (')						
Total Provider Patient	4.31	3.87	3.87	The rate is	established by	dividing the	Total Provide	r Visits from th	ne PSA by	
Utilization Rate	7.01	5.07	0.01	the User Po	opulation.					
Other Ambulatory Care Services										
Dental Service Minutes	125,217	358,649	384,085	143,862	412,093	441,275	441,275	441,275	0	
Optometry Visits	1,882	Unknown	1,256	2,163	Unknown	1,440	2,205	2,205	0	
Podiatry Visits	217	558	1,200	249	642	1,440	667	667	0	
Dialysis Patients	22	Unknown		25	Unknown		25	25	0	
Audiology Visits	204	615	414	234	707	475	707	707	0	
Outpatient Behavioral Health	Services									
Mental Health Visits	1,254	Unknown	676	1,441	Unknown	778	1,441	1,441	0	
Psychiatry	7	400		8	460		460	460	0	
Social Services Visits	337	Unknown		387	Unknown		387	387	0	
Alcohol & Substance Abuse	652	Unknown		749	Unknown		749	749	0	
BH Visits Totals	2,250	400	676	2,585	460	778	3,038	3,038	0	





Market Assessment

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2001			2015		2015 PI	anning Assı	umption
HSP User Pop PSA		4,043			4,645			rith Diabetes In	
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
Innationt Core	Prov	ider Visits O	sits Only Pro		ovider Visits Only		Pi	rovider Visits Or	nly
Inpatient Care Labor & Delivery Births	13	81	92	15	93	106	106	87	19
Obstetrics Patient Days	32	170	198	36	195	227	227	186	41
Neonatology Patient Days	0	272	100	0	312		312	190	122
Pediatric Patient Days	71	135	252	81	155	287	287	181	106
Adult Medical Patient Days			_0_	0.	.00				
Cardiology	70	78		81	89		97	72	24
Endocrinology	19	15		22	18		25	25	0
Gastroenterology	92	54		106	62		106	106	0
General Medicine	49	64		56	74		74	66	7
Hematology	2	11		2	12		12	6	6
Nephrology	12	15		13	17		17	15	2
Neurology	12	34		14	39		42	37	5
Oncology	0	22		0	26		26	8	17
Pulmonary	78	78		90	90		90	76	14
Rheumatology	1	3		1	3		3	3	0
Unknown	2	6		3	7		7	7	0
Medical Patient Day Total	338	380	307	388	437	355	499	422	77
Adult Surgical Patient Days									
Dentistry	2	1		3	1		3	2	1
Dermatology	3	2		3	3		3	3	0
General Surgery	102	121		117	139		139	93	46
Gynecology	17	31		20	36		36	30	5
Neurosurgery	10	30		12	35		35	12	23
Ophthalmology	2	1		2	1		2	1	1
Orthopedics	138	70 25		159	81		159	134	25
Otolaryngology	8	25		9	29 47		29 47	4 2	25 44
Thoracic Surgery	13 22	41 16		15 25	47 18		25	∠ 11	13
Urology Vascular Surgery	33	25		38	29		38	16	22
Surgical Patient Day Total	351	363	212	403	417	247	514	308	206
Psychiatry Patient Days	63	78	59	72	90	70	90	23	67
			39		'	70			
Medical Detox Patient Days	51	13		59	15		59	40	19
Sub Acute/Transitional Care	0	200		0	230		230	230	0
Inpatient Care Totals	905	1,610	1,028	1,040	1,851	1,186	2,218	1,581	637
Inpatient Patient Days	Unmet need if (-)	-705	Over Utilization	on if (+)					
Substance Abuse Non-Acute	Care								
Adult Residential Treatment	0	621		0	714		714	714	0
Adol. Residential Treatment	0	213		0	234		234	234	0
SA Transitional Care	0	29		0	33		33	33	0
Substance Abuse Total	0	862	0	0	981	0	981	981	0
Elder Care									
Skilled Nursing Patients	0	4		0	5		5	5	0
Assisted Living Patients	0	5		0	6		6	6	0
Hospice Patients	0	0		0	0		0	0	0
Nursing Home Total	0	9	0	0	11	0	11	11	0

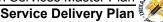




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HSP User Pop PSA		4,043			4,645			ith Diabetes In		
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care	
	Pro	ovider Visits On	ly	Pro	ovider Visits On	ly	Pr	ovider Visits Or	nly	
Ancillary Services										
Laboratory Services										
Clinical Lab Billable Tests		15,262	12,064		17,536	13,862	17,536	19,476	1,243	
Microbiology Billable Tests		2,225	2,864		2,556	3,291	3,291	2,333	1,555	
Blood Bank Billable Tests		374	232		429	267	429	497	10	
Anatomical Pathology		32	77		36	88	88	0	104	
Lab Billable Tests	21,950	17,892	15,237	25,219	20,557	17,508	25,219	22,306	2,913	
Pharmacy Scripts	46,556	39,165		53,488	44,996		53,488	53,488	0	
Acute Dialysis Procedures	0	9	4 400	0	11	4.040	11	11	0	
Radiographic Exams	1,939	1,249	1,403	2,227	1,435	1,612	2,227	2,227	0	
Ultrasound Exams	0 0	250	194 377	0	287	223	287	287	0	
Mammography Exams	0	407	97	0	468	433 111	468	468	0	
Fluoroscopy Exams	0	62 93	33	0	72 106	38	111 106	111 106	0 0	
CT Exams MRI Exams	0	93 66	33	0	75	J0	75	75	0	
Nuclear Medicine Exams	0	Unknown		0	Unknown		0	0	0	
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0	
Chemotherapy Treatments	20	Unknown		23	Unknown		23	23	0	
Rehabilitation Services	20	Officiowii		20	OHRHOWH		20	20	U	
Physical Therapy Visits	0	Unknown		0	Unknown		0	0	0	
Occupational Therapy Visits	0	Unknown		0	Unknown		0	0	0	
Speech Therapy Visits	0	Unknown		0	Unknown		0	0	0	
Rehab Total Visits	0	-	1,571	0	-	1,811	1,811	1,811	0	
Respiratory Therapy									•	
Workload Minutes	0	Unknown	15,935	0	Unknown	18,280	18,280	18,280	0	
Cardiac Catherization Cases	0	13		0	21		21	21	0	
Home Health Care Patients	0	20		0	23		23	23	0	
Minor Procedure Cases										
Endoscopy		51			59		59	59	0	
Outpatient Surgery Cases										
Cardiovascular	1	3		1	4		4	4	0	
Digestive	0	57		0	66		66	66	0	
Endocrine	0	0		0	0		0	0	0	
ENT	2	32		2	37		37	37	0	
Gynecology	14	22		16	25		25	25	0	
Hemic and Lymphatic	0	1		0	1		1	1	0	
Integument Musculoskolotal	0 3	23		0 3	26 44		26	26	0 0	
Musculoskeletal Nervous	0	38 10		_	44 11		44 11	44 11	_	
Ocular	2	10 17		0 2	20		20	11 20	0 0	
Respiratory	0	3		0	20 4		4	20 4	0	
Urogenital	1	ა 15		1	4 17		4 17	4 17	0	
OP Surgical Case Total	22	222	119	26	256	135	256	256	0	
Inpatient Surgery Cases	89	86	106	102	99	117	117	71	46	
Surgical Case Total	111	309	225	128	355	252	373	327	46	
				0			•			
EMS Responses	0	530		0	608		608	608	0	



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need			Delivery Options					
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold		
Discipline	Care	(KC)	in 2015	On Site	On Site On Site VP CHS*		Srv Unit	Region	Remarks	
		1								

Primary Care Migration % (Provider Visits) 11.5%

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

Family Practice	14,684	Providers	3.3	16,344				IM included
Internal Medicine	1,660	Providers	0.4	-				
Pediatric	2,948	Providers	0.7	2,948				
Ob/Gyn	1,906	Providers	0.6	-	1,906	1,906		Local Contract
Primary Care Total	21,198	Providers	5.0	19,292	1,906	1,906	0	

Migration % **Emergency Care** 0.0%

The Emergency Medical Clinic provides emergency care, diagnostic services, teatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	1,050	Patient Spaces	0.5		
ER/Non-urgent	700	Providers	0.1		
Emergency Care Total	1,925	Patient Spaces	1.0	1,925	CHS @ SU

Specialty Care

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.

Orthopedics	823	Providers	0.3		823			Eastern Area Resource
Ophthalmology	498	Providers	0.1		498			Area Wide Resource
Dermatology	638	Providers	0.2					Telemedicine
General Surgery	621	Providers	0.2		621			Eastern Area Resource
Otolaryngology	397	Providers	0.1		397			Area Wide Resource
Cardiology	133	Providers	0.1		133		133	CHS @ SU
Urology	184	Providers	0.1		184		184	CHS @ SU
Neurology	172	Providers	0.1		172		172	CHS @ SU
Other Subspecialties	1,307	Providers	0.5				1,307	CHS @ SU
Nephrology	69	Providers	0.0		69		69	CHS @ SU
Allergy	Unknown	Providers	0.1					Area Wide Resource
Pulmonology	Unknown	Providers	0.0					
Gerontology	Unknown	Providers	Unknown					Area Wide Resource
Gastroenterology	Unknown	Providers	0.1					
Rheumatology	Unknown	Providers	Unknown		Х			
Oncology	Unknown	Providers	0.0		Х			
Pediatric-Genetics	Unknown	Providers	Unknown					Area Wide Resource
Traditional Healing	0	Providers	0.0					Access through Referral
Specialty Care Sub- Total	4,842			0	2,896	0	1,865	

Other Ambulatory Care Services

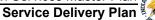
Dental Service	441,275	Dentists	4.3	441,275

Dental Clinic provides assistance in achieving and maintaining the highest level of oral health possible. It also emphasizes the prevention of disease.

Optometry Visits 2,205 2,205 Optometrist 1.1

The Optometry Clinic examines the eyes, cheeks, and adnexa including refraction and other procedures, prescribes lenses to correct refractive error and improve vision; and refers patients to physicians for diagnosis and treatment of suspected disease.

667 **Podiatry Visits** 667 **Podiatrists** 0.2 Eastern Area Resource



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Delive	ry Option	S	
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks

Podiatry examines, diagnoses, and treats patients with disorders, diseases, and injuries to the foot or adjunctive tissue; provides follow-up care for selected postoperative ambulatory patients; provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health eduation, rehabilitation, and prevention of disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records.

25 **Dialysis Patients** 25 Dialysis Stations 7.8 45 Hours Per Week

Dialysis provides the purification of the patient's blood through use of an artificial kidney machine or similar device. Specially trained personnel operate, maintain, and monitor the hemodialysis equipment and other specialized support equipment for patients who are undergoing hemodialysis treatment in the unit.

0.4 Sup by FW Audiologists

The Audiology Clinic provides comprehensive audiologic support for patients for the determination of etiology, pathology, and magnitude of hearing loss and potential for remediation and rehabilitation; assists in the evaluation of auditory and vestibular systems. Specific services include pure tone threshold audiometry; basic and advanced clinical testing; pediatric evaluations; neonatal hearing testing as part of the early hearing loss identification program; hearing aid evaluation, fittings, and repairs; ear mold fittings; vestibular evaluations, dispensing of hearing protection devices (fitting, education, and motivation); determination of proper referral and disposition.

Behavioral Health

Behavioral Health provides psychiatric, psychological, psychosocial, substance abuse, and socioeconomic evaluation and consultation; individual and group services, patient care, information, referral, and follow-up services to facilitate medical diagnosis, care, treatment; and proper disposition of patients (inpatient and outpatient) referred to the Social Work Clinic, which includes self-referred patients and those seen automatically on the basis of diagnosis (for example, suspected child abuse or attempted suicide). It provides a comprehensive plan of service to patients and their families including counseling and guidance, therapy, information and referral, and discharge planning; provides clinical and consultative services to patients and families, social service delivery evaluation; professional training of assigned and contractually affiliated personnel; prepares and submits reports; maintains medical and social service records.

Mental Health Visits	1,441	Counselors	2.7	2		
Psychiatry Provider	460	Providers	0.3		0.3	Served by Fort Washakie
Social Service Visits	387	Counselors	1.7	2		
Alcohol & Substance Abuse Visits	749	Counselors	0.4	7		Override - 4 Counselors today
Behavioral Health Totals	3,038	Counselors	4.8	11		

Inpatient Care					
Labor & Delivery	87	LDRs	0.9	87	CHS @ SU
Obstetrics Patient Davs	186	# of Beds	1.7	186	CHS @ SU

Obstetrics provides for specialized care, treatment, and consultative evaluation to eligible inpatients; provides antepartum, delivery, and postpartum care to maternity patients; and has responsibility for the operation and maintenance of the labor and delivery suite. The labor and delivery suite provides labor and delivery care by specially trained personnel to eligible patients, including prenatal care during labor, assistance during delivery, post-natal care, and minor gynecological surgery, if it is performed in the suite. Additional activities may include preparing sterile set-ups for deliveries; preparing patients for transportation to the delivery suite and the post-anesthesia.

Neonatology Patient 190 # of Bassinets 1.7 190 CHS @ SU Davs

The Newborn Nursery provides specialized inpatient care, treatment, and consultative evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn, including those born prematurely; and provides for, or otherwise ensures, appropriate diagnostic evaluation and care of all inpatient in the neonatal age group; prepares medical records; and submits required reports.

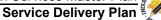
Pediatric Patient Days # of Beds CHS @ SU

Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants, children, and adolescents; maintains close liaison with the other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports.

Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

Cardiology	72	# of Beds 0.4	72	CHS @ SU
Endocrinology	25	# of Beds 0.2	25	CHS @ SU



Delivery Plan

Establishes Projected w	orkload a	nd key characteristic	s per pro	duct line, wh	ile recommen	ding a del	ivery option.		
		Projected Need				Deliv	ery Options	;	
	Planned Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Gastroenterology	106	# of Beds	0.6	·			106		CHS @ SU
General Medicine	66	# of Beds	0.4				66		CHS @ SU
Hematology	6	# of Beds	0.0				6		CHS @ SU
Nephrology	15	# of Beds	0.1				15		CHS @ SU
Neurology	37	# of Beds	0.2				37		CHS @ SU
Oncology	8	# of Beds	0.1				8		CHS @ SU
Pulmonary	76	# of Beds	0.5				76		CHS @ SU
Rheumatology	3	# of Beds	0.0				3		CHS @ SU
Unknown	7	# of Beds	0.0				7		CHS @ SU
Medical Patient Day Total	422		2.6	0		0	422	0	
Adult Surgical Acute Ca	ire								
Surgical Care provides inpa healthcare delivery relative prepares medical records; a When subspecialty services procedures, studies, and th	to the exan and submits s are establ	nination, treatment, diag required reports. The	nosis, and organizatio	proper dispos n of the surgio	iiton of eligible p al care function	atients, app varies acco	propriate to the ording to patie	e specialty or nt load, staffi	r subspecialty; ng, and facilities.
Dentistry	2	# of Beds	0.0				2		CHS @ SU
Dermatology	3	# of Beds	0.0				3		CHS @ SU
General Surgery	93	# of Beds	0.6				93		CHS @ SU
Gynecology	30	# of Beds	0.2				30		CHS @ SU
Neurosurgery	12	# of Beds	0.1				12		CHS @ SU
Ophthalmology	1	# of Beds	0.0				1		CHS @ SU
Orthopedics	134	# of Beds	0.9				134		CHS @ SU
Otolaryngology	4	# of Beds	0.0				4		CHS @ SU
Thoracic Surgery	2	# of Beds	0.0				2		CHS @ SU
Urology	11	# of Beds	0.1				11		CHS @ SU
Vascular Surgery	16	# of Beds	0.1				16		CHS @ SL
Surgical Patient Day Total	308	# of Beds	2.1	0		0	308	0	
Intensive Care Unit	165	# of beds	0.6				165		CHS @ SL
Intensive Care Units (ICUs) threatening conditions. The	y are staffe	d with specially trained	personnel a				ner specialized		ipment for treating
Psychiatry Patient	23	# of Beds	0.1				23		CHS @ SU
Psychiatric Care provides s diagnosis, treatment, and p psychiatric disorders when provides short-term treatme records and correspondent	roper dispo required to ent to patien ce that evol	sition of patients with pa prevent injury to thems ts psychologically or ph ve during treatment of p	sychotic, ne elves or to o nysically dep patients; pre	eurotic, or othe others; establi pendent upon	er mental disorde shes therapeutio alcohol or drugs	rs; maintai regimens; ; maintains	ns protective of conducts indi custody of se uired reports.	custody of pa vidual or gro	tients with up therapy sessions edically privileged
Medical Detox Patient	40	# of Beds	0.1	. <u> </u>			40		CHS @ SU
Substance Abuse Care pro diagnosis, treatment, and p when required to prevent in sensitive or medically privile	roper dispo jury to them	sition of patients psychonselves or to others; est	ologically or ablishes the	r physically de erapeutic regi	pendent upon al mens; conducts	cohol or dr individual o	ugs; maintains r group therap	s protective c by sessions; i	ustody of patients maintains custody o
Sub Acute / Transitional Care	230	# of Beds	0.8				230	0/- 5	CHS @ SL
Transitional Care provides acute care, provides specifi						en discharg	ge irom acute	care. Staπin	y, wrille less than
Inpatient Care Totals	1,745	# of Beds	11	0		0	1,745	0	
Substance Abuse Non-Acute Care Substance Abuse Non-Acu	te Care - th	e treatment of substanc	e abuse dis	sorders in an a	age and security	specific se	tting.		

Eastern Area

714

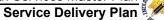
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2.6

of Beds

Adult Residential

Treatment



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Deliv	ery Options	\$	
	Planned Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Adolescent Residential	004	" (D)						00.4	
Treatment	234	# of Beds	0.9					234	Eastern Are
Substance Abuse	00	# -f D - d-		-			00		
Transitional Care	33	# of Beds	5.5				33		
Substance Abuse Non-	004		0.0	•		0	00	040	
Acute Care Totals	981		8.9	0		0	33	949	
Elder Care									
Elderly Care Program provid	des physica	l, psychological, social,	and spiritua	al care for he	althy and dying	seniors in a	n environmen	t outside of a	hospital.
Nursing Home	5	# of Beds	5.0				5		
Assisted Living /	6	# of Beds	6.0				6		
Hospice	0	# of Beds	1.0	-			0		
·		0. 2000		0		0		0	
Elder Care Totals	11		12.0	0		0	11	0	
Anaillant Santiaca									
Ancillary Services									
_aboratory Services									
Clinical Pathology operates				•			,	•	
systems. Additional activitie samples for testing. The Clii	-			•		_		ai suites and	preparation of
Clinical Lab		ech Staff @ Peak	2.0	19,476	logy, illillianolog	gy and oods	garation.		
Microbiology		ech Staff @ Peak	0.2	2,333					
Blood Bank	497	ech Staff @ Peak	0.1			497			
Anatomical Pathology	0	Tech Staff @ Peak	0.0			0			
Anatomical Pathology condu	ucts the his		thology labo	oratories; dire	cts studies, exa	minations, a	and evaluation	ns including o	diagnostic and
routine procedures; provides	s referrals a	and consultations; perfo	rms post-me	ortem examir	nations; and ope	rates the m	orgue.		
Lab Totals	22,306	ech Staff @ Peak	2.3						
Pharmacy	53,488	Pharmacists	2.4	53,488					
	11								
•	- 11	Rooms	0.0			11			
Acute Dialysis Acute Dialysis provides puri	ification of tl	he patient's blood using	the patient			located in t			
Acute Dialysis Acute Dialysis provides puri vater and toxins, while the p	ification of the	he patient's blood using ospitalized. Specialty tra	the patient			located in t			
Acute Dialysis Acute Dialysis provides puri vater and toxins, while the p perform these same function	ification of the	he patient's blood using ospitalized. Specialty tra	the patient			located in t			
Acute Dialysis Acute Dialysis provides puri water and toxins, while the p perform these same function Diagnostic Imaging	ification of the patient is ho	he patient's blood using spitalized. Specialty tra me settings.	the patient nined persor	nnel teach all	patients own fa	located in t	ers through an	intense trair	ning program how
Acute Dialysis Acute Dialysis provides puri water and toxins, while the p perform these same function Diagnostic Imaging Diagnostic Radiology provid	ification of the patient is he	ne patient's blood using spitalized. Specialty tra me settings. tic radiologic services to	the patient nined persor	and outpatie	patients own fa	located in to mily member a clude, but a	ers through an	intense train	ning program hov
Acute Dialysis Acute Dialysis provides puri water and toxins, while the p perform these same function Diagnostic Imaging Diagnostic Radiology provid	ification of the patient is he	ne patient's blood using spitalized. Specialty tra me settings. tic radiologic services to	the patient nined persor	and outpatie	patients own fa	located in to mily member a clude, but a	ers through an	intense train	ning program how
Acute Dialysis Acute Dialysis provides puri water and toxins, while the p perform these same function Diagnostic Imaging Diagnostic Radiology provid	ification of the patient is he	ne patient's blood using spitalized. Specialty tra me settings. tic radiologic services to	the patient nined persor	and outpatie	patients own fa	located in to mily member a clude, but a	ers through an	intense train	ning program hov
Acute Dialysis Acute Dialysis provides puri water and toxins, while the p perform these same function Diagnostic Imaging Diagnostic Radiology provid nterpreting, storing, and ret	ification of the patient is he not in the hold the help t	ne patient's blood using espitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp	the patient nined persor o inpatients hs; directing	and outpatien	patients own fa	located in to mily member a clude, but a	ers through an	intense train	ning program hov
Acute Dialysis Acute Dialysis provides purivater and toxins, while the perform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and reterpreting	ification of the patient is he not the house of the house	ne patient's blood using aspitalized. Specialty trame settings. tic radiologic services to ographs and fluorograp Rooms	the patient nined persor o inpatients hs; directing	and outpatien	patients own fa	located in to mily member a clude, but a	are not limited sulting with ph	intense train	ning program how ng, examining, patients.
Acute Dialysis Acute Dialysis provides purivater and toxins, while the perform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and reterpreting Ultrasound	ification of the patient is he had not in the holder in th	ne patient's blood using aspitalized. Specialty trame settings. tic radiologic services to ographs and fluorograp Rooms Rooms Rooms Rooms Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.1	and outpatien	patients own fa	located in to mily member a clude, but a	are not limited sulting with ph	intense train	ning program howning, examining, patients.
Acute Dialysis Acute Dialysis provides purivater and toxins, while the perform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and reterpreting Ultrasound Mammography	des diagnosi exidential diagnosi 2,227 287 468 111 106	ne patient's blood using aspitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp Rooms Rooms Rooms Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.1 0.0	and outpatien	patients own fa	located in to mily member a clude, but a	are not limited sulting with ph	intense train	ng, examining, patients. CHS @ S CHS @ S
Acute Dialysis Acute Dialysis provides puri- water and toxins, while the poerform these same function Diagnostic Imaging Diagnostic Radiology provid- interpreting, storing, and return the providence of the prov	ification of the patient is he had not in the holder in th	ne patient's blood using aspitalized. Specialty trame settings. tic radiologic services to ographs and fluorograp Rooms Rooms Rooms Rooms Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.1	and outpatien	patients own fa	located in to mily member a clude, but a	are not limited sulting with ph	intense train	ng, examining, patients. CHS @ S CHS @ S
Acute Dialysis Acute Dialysis provides purivater and toxins, while the perform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and return Radiographic Ultrasound Mammography Fluoroscopy CT MRI Diagnostic Imaging	des diagnosi rieving radio 2,227 287 468 111 106	ne patient's blood using aspitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp Rooms Rooms Rooms Rooms Rooms Rooms Rooms Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.1 0.0	and outpatien	patients own fa	located in to mily member a clude, but a	are not limited sulting with ph 287 468 111 106 75	intense trair to, processin ysicians and	ning program hoving, examining, patients. CHS @ S CHS @ S CHS @ S
Acute Dialysis Acute Dialysis provides puri- water and toxins, while the poerform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and return terpreting, storing, and Mammography Fluoroscopy CT MRI Diagnostic Imaging Totals	des diagnosi rieving radio 2,227 287 468 111 106 75 3,276	ne patient's blood using aspitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.1 0.0 0.0 0.3	and outpatie, a radiologic 2,227	patients own fa	located in t mily membe clude, but a m; and cons	are not limited sulting with ph 287 468 111 106 75	intense trair to, processin ysicians and	ning program how
Acute Dialysis Acute Dialysis provides puriwater and toxins, while the perform these same function Diagnostic Imaging Diagnostic Radiology providinterpreting, storing, and retired provided to the perform these same function Diagnostic Radiology providinterpreting, storing, and retired provided the performance of the	des diagnosi rieving radio 2,227 287 468 111 106 75 3,276	ne patient's blood using aspitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.0 0.0 0.0 0.3	and outpaties and outpaties a radiologic 2,227	patients own fa	located in to mily member of the mily member of the mily member of the mily and constant of the	are not limited sulting with ph 287 468 111 106 75 Radiolog	intense trair to, processin ysicians and	ng, examining, patients. CHS @ 9 CHS @ 9 CHS @ 9 CHS @ 9
Acute Dialysis Acute Dialysis provides puri- water and toxins, while the poerform these same function Diagnostic Imaging Diagnostic Radiology providenterpreting, storing, and return terpreting, storing, and Mammography Fluoroscopy CT MRI Diagnostic Imaging Totals	des diagnosirieving radio 2,227 287 468 111 106 75 3,276 0 diagnostic n	ne patient's blood using aspitalized. Specialty tra me settings. tic radiologic services to ographs and fluorograp Rooms	o inpatients hs; directing 0.4 0.1 0.1 0.0 0.0 0.0 0.3 0.0 s, interprets	and outpaties a radiologic 2,227 2,227 such studies	patients own fa	located in to mily member of the mily mily member of the mily mily mily member of the mily mily mily mily mily mily mily mily	are not limited sulting with ph 287 468 111 106 75 Radiolog	to, processin ysicians and jist - Easter	ng, examining, patients. CHS @ S

0.0

0.0

Rooms

Patient Spaces

0

23

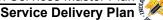
THE INNOVA GROUP

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23

Rad. Oncology

Chemotherapy



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Delive	ery Options	5	
	Planned Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Rehabilitation Services									
Rehabilitation Services dev and outpatients whose abili consultation, counseling, te Occupational Therapy, and	ity to functio aching, adn	n is impaired or threate ninistration, research, a	ned by dise	ase or injury a	nd incorporate	s activities su	uch as: direc	t patient care	e, evaluation, testing,
Physical Therapy	0	Therapy FTE	0.0						
Occupational Therapy	0	Therapy FTE	0.0			Χ			·
Speech Therapy	0	Therapy FTE	0.0			Χ			
Rehab Total	1,811	Therapy FTE	1.0				1,811	Organize	ed @ Service Unit
Respiratory Therapy Respiratory Therapy provid other forms of rehabilitative analysis. The service also analysis of blood.	therapy inc	luding initiating, monito	ring, and ev	aluating patie	nt performance	and reaction	ns to therapy	and perform	ing blood gas
Cardiac Catherization	21	Rooms	0.0	_			21		CHS @ SU
The Cardiac Catheterization	n provides s	services including the op							the condition of the
heart and circulatory system								ng catheters	and other
techniques; retrieving and a				calibrating, and	maintaining s	pecial equipr			0110 @ 011
Home Health Care	23	# FTE	1.7				23		CHS @ SU
Home Health Care is provide independence while minimi			•			aın, or restoi	re health or to	o maximize ti	ne level of
Surgery The Surgery product line in Minor Procedure Room.	cludes Anes	sthesiology, Pre & Post	Recovery, a	and the provis	ion of invasive	procedures r	requiring the	sterility of an	Operating Room or
Minor Procedure									
Endoscopy	59	Endoscopy Suites	0.0				59		CHS @ SU
Outpatient Surgery Cas									
Cardiovascular	4	Outpatient ORs	0.0				4		CHS @ SU
Digestive	66	Outpatient ORs	0.1				66		CHS @ SU
Endocrine	0	Outpatient ORs	0.0				0		CHS @ SU
ENT	37	Outpatient ORs	0.0				37		CHS @ SU
Gynecology	25	Outpatient ORs	0.0				25		CHS @ SU
Hemic and Lymphatic	1	Outpatient ORs	0.0				1		CHS @ SU
Integument	26	Outpatient ORs	0.0				26		CHS @ SU
Musculoskeletal	44	Outpatient ORs	0.0				44		CHS @ SU
Nervous	11	Outpatient ORs	0.0				11		CHS @ SU
Ocular	20	Outpatient ORs	0.0				20		CHS @ SU
Respiratory	4	Outpatient ORs	0.0	-			4		CHS @ SU
Urogenital	17	Outpatient ORs	0.0				17		CHS @ SU
OP Surgical Case	256	Outpatient ORs	0.2	0	0	0	256		
Inpatient Surgery	71	Inpatient ORs	0.1				71		CHS @ SU
Surgical Case Total	327		0.3	0	0	0	386		
Administrative Support		# of FTE	8.9	7.9					Janaged from CLL
Administration	dministors				a concete of the	o fooilitu: roo	noncible for		Managed from SU
Administration organizes, a attached to the facility; dete is responsible for the care,	ermines med	dical capabilities related	l to available						_
Information Manageme	nt	# of FTE	2.2	1.2				M	lanaged from SU
Information Management D computerization hardware,		· ·	-			-	aintenance a	nd developm	nent of the
Health Information Man		# of FTE	11.7	10.7	, are mulan ne	ailir Gervice.		N.	Managed from SU
Health Information Manage					nalyzing ensu	rina availahili	ity and cafel		
called charts) in order to fac		uate, and improve patie	_		naiyzing, ensur	y avallabili	ty, and salek		
Business Office		# of FTE	6.8	5.8					lanaged from SU
Business Office implements	s administra	tive procedures to max	imize net re	covery of hear	thcare delivery	costs from to	hird-party pay	yers; identifie	es patients that have

other health insurance; reviews all aspects of accounts receivable management, complies with third-party payer requirements; submits all claims to third-party

payers; follows up to ensure that collections are made; and documents and reports collection activities.



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need		Deli	very Options	
	Planned Direct	Key Characteristics	# Req'd	PSA	Referrals due to Threshold	
Discipline	Care	(KC)	in 2015	On Site On Site VP CHS*	Srv Unit Region	Remarks
	_			1.7 t is not available at the facility. This is d and having an effective working relation	one by determining eligibility	
Facility Support Services						
Clinical Engineering		# of FTE	0.9	0.9		
determine operational statu equipment; repairs or repla	us, and assignces worn or	ns serviceability condit broken parts; rebuilds	tion codes t and fabrica	pair of medical and dental equipment; or to equipment; performs scheduled preve tes equipment or components; modifies and inspects equipment; and maintains	ntive maintenance of medica equipment and installs new	al and dental
Facility Management		# of FTE	5.8	4.8	N	anaged from SU
The maintenance of a heal	th sites facili					
Central Sterile		# of FTE	0.7	1		
The decontamination, asse	mbly, steriliz	ation and distribution o	of reusable	instrumentation. Also responsible for the	e distribution of other sterile	oroducts.
Dietary		# of FTE	0.0	0		
The ordering, maintenance nutritional consultations with		•	on of meals	s to inpatients, outpatients and staff. Nut	ritional oversight for these m	eals as well as
Property & Supply		# of FTE	1.4	0.4	N	anaged from SU
managing the installation n Housekeeping & Linen The Housekeeping Service Housekeeping, also, is resp	nedical war r	eadiness materiel prog # of FTE sponsibility for maintain	6.0	5.0 5.0 rior of a facility at the highest level of clutting, mending, washing, and processing	Neanliness and sanitation ach	anaged from SU
Preventive Care						
Health Promotion / Disease Prevention						
(Preventive Care)	<i>.</i>			1 - C-27 - E1 - C-27 -		· Control Words
· ·				n the facility. Education efforts will involve their efforts to increase the health aware	· ·	ntire neaith system
Public Health Nursing		# of FTE	7.1	6.1	· ·	anaged from SL
Public Health Nutrition		# of FTE	1.7	1.7		
Environmental Health		# of FTE	0.5	0.5		
Health Education		# of FTE	1.2	1.2		
Additional Services						
Hostel Services		Rooms				
	overnight a		ily member	rs accompanying patients admitted to the	e hospital.	
Case Management		# of FTE	1.9	1.9		
	s profession		suring a cor	ntinuum of care and follow up for chronic	cally ill or potentially chronica	ally ill patients.
CHD		# ^4 [0.0	10.0		
CHR Community Health represe	entatives info	# of FTE	0.0	12.3 railable health services, make referrals to	o appropriate agencies, and	assist PHN staff
with basic health care scre		· · · · · · · · · · · · · · · · · · ·				



Delivery Plan

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

		Projected Need				Deliv	ery Options	S	
	Planned Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Diabetes Program		# of FTE	0.0	0.0				PH N	lutrition Operate
The Diabetes Program pro	vides for the				nent and the pro	spective dia	abetic patient		
clinical screening. The pro	ogram is sup	pported clinically with pr	e-renal exa	aminiations an	d Podiatry care.				
Elder Care - Outreach		# of FTE	0.0	8.0					
Elder Care provides an ope education and health benet				outreach progr	am for the comn	nunity's elde	ers. Lunch dis	tribution, soc	ial functions, healt
EMS	608	Loc #1 - # of FTE	0.0	0.0		608			
inio	000	# of Ambulances	0.0	0.0		000			
		Loc #2 - # of FTE	0.0	0.0					
		# of Ambulances	0.0	0.0					
		Loc #3 - # of FTE	0.0	0.0					
		# of Ambulances	0.0	0.0					
mergency Medical Service even days a week, staffed	•				es of a service u	nit. Ambulai	nces are avail	lable twenty-	four hours a day
even days a week, staned Security	with State	# of FTE	0.0	5.0					24
Security is responsible for t	the safety ar				ersonnel It inclu	ides physic	al security of i	narking lots	
rounds, and interiors of th	-	na men semig er meepita	, panomo,	, , , , , , , , , , , , , , , , , , ,			a. 000a, 0. ₁		ououug
ransportation		# of FTE	0.0	-				Incre	ase Collaborati
ransportation Department	transports (health rela	ted facilities w	ithin the service	unit, and si	urrounding cit		
ncurred for automotive ope	eration and r	maintenance and the ac	dministratio	n of garage a	nd dispatching a	ctivities in s	support of the	medical miss	sion.
ribal Health Administra	ation	# of FTE	0.0	0.0					
					for service unit r	esidents w	hile encourag	ina more sel	f-reliance and
ribal Health Administration	n Departmei	nt oversees and ensure			for service unit r	esidents, w	hile encourag	ing more sel	f-reliance and
Fribal Health Administration personal control over their i NIC WIC Program provides nuti	n Departmen health and rition screen	nt oversees and ensure quality of life. # of FTE ning, nutrition education	0.0 suppleme	5.0 ental food and	referral to neede	ed Commun	ity resources	for pregnant,	, breastfeeding,
Fribal Health Administration personal control over their in NIC NIC Program provides nuti postpartum women, infants Dutreach Diabetes Dutreach Diabetes program	n Departmen health and rition screen and childre	nt oversees and ensure quality of life. # of FTE ning, nutrition education of <5 years of age who # of FTE proper exercise and nu	0.0 , suppleme meet incon 0.0 trition leadi	5.0 ental food and ne guidelines 10.0 ing to a health	referral to neede (185% poverty) a y lifestyle for Nat	ed Commun and are foul	ity resources nd to have a r	for pregnant, nutritional risk 2 locati	breastfeeding, k. ons: Ethete, Ara
Tribal Health Administration personal control over their in NIC WIC Program provides nutive stpartum women, infants Outreach Diabetes Outreach Diabetes program	n Departmen health and rition screen and childre	nt oversees and ensure quality of life. # of FTE ning, nutrition education of <5 years of age who # of FTE proper exercise and nu	0.0 , suppleme meet incon 0.0 trition leadi	5.0 ental food and ne guidelines 10.0 ing to a health	referral to neede (185% poverty) a y lifestyle for Nat	ed Commun and are foul	ity resources nd to have a r	for pregnant, nutritional risk 2 locati	breastfeeding, k. ons: Ethete, Ara
ribal Health Administration ersonal control over their of VIC VIC Program provides nutro ostpartum women, infants Outreach Diabetes outreach Diabetes progran eansportation support, com Personal Care Attendan	n Departmen health and rition screen and childre n promotes nmunity/sche	nt oversees and ensure quality of life. # of FTE ning, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE	0.0 , suppleme meet incom 0.0 trition leads e passes/pa	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r	referral to neede (185% poverty) a y lifestyle for Nai utrition classes.	d Commun and are foul tive America	ity resources nd to have a n	for pregnant, nutritional risi 2 locati ommunity ou	breastfeeding, c. ons: Ethete, Ar. treach,
Tribal Health Administration personal control over their of their over the over their over their over their over their over their over the over their over	n Departmen health and rition screen and childre in promotes nmunity/scho nts work with ele	nt oversees and ensure quality of life. # of FTE ning, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE	0.0 , suppleme meet incom 0.0 trition leads e passes/pa	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r	referral to neede (185% poverty) a y lifestyle for Nai utrition classes.	d Commun and are foul tive America	ity resources nd to have a n	for pregnant, nutritional risi 2 locati ommunity ou	breastfeeding, c. ons: Ethete, Aratreach,
Tribal Health Administration personal control over their of their over the over their over their over their over their over their over the over their over their over their over their over their over the o	n Departmen health and rition screen and childre in promotes nmunity/scho nts work with ele	nt oversees and ensure quality of life. # of FTE ning, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled Na	0.0 , supplement income 0.0 trition leading passes/po 0.0 ative American	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Incompany to the second seco	referral to neede (185% poverty) a y lifestyle for Nai utrition classes.	d Commun and are foul tive America	ity resources nd to have a n	for pregnant, nutritional risk 2 locati ommunity ou unction, visitil	breastfeeding, k. ons: Ethete, Ara treach, ng and assisting v
ribal Health Administration ersonal control over their of VIC VIC Program provides nutro ostpartum women, infants Outreach Diabetes Outreach Diabetes program eansportation support, com Personal Care Attendants of OLIS (Activities for Daily Lie Vellness Center	n Department health and writion screen and children promotes and munity/schools work with eleving).	nt oversees and ensure quality of life. # of FTE hing, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled No	0.0 , supplement income 0.0 trition leading passes/processes/proc	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Incans following	referral to neede (185% poverty) a y lifestyle for Nai utrition classes. g a stroke, medid	d Commun and are four tive America al procedur	ity resources nd to have a n ans through co	for pregnant, nutritional risk 2 locati ommunity ou unction, visitii	breastfeeding, c. ons: Ethete, Artreach, ong and assisting witing Gym faciliti
Tribal Health Administration personal control over their of the control over their over their over the control over their over the control over the c	n Department health and writion screen and children promotes and munity/schools work with eleving).	nt oversees and ensure quality of life. # of FTE ning, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled No # of FTE ment, training, coachin	0.0 , supplement income on the control leading passes/p. 0.0 ative American on the control leading passes/p. 0.0 ative American on the control leading passes/p. 0.0 g and educe of the control leading passes/p.	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Incicans following	referral to neede (185% poverty) a y lifestyle for Nai utrition classes. g a stroke, medid	d Commun and are four tive America al procedur	ity resources nd to have a n ans through co	for pregnant, nutritional risk 2 locati ommunity ou unction, visitii	breastfeeding, c. ons: Ethete, Aratreach, ong and assisting v
ribal Health Administration rersonal control over their of VIC VIC Program provides nutro ostpartum women, infants Outreach Diabetes Outreach Diabetes program ransportation support, com Personal Care Attendants of VIC (Activities for Daily Lie Vellness Center Vellness Center provides for upport or cooperation with	n Department health and writion screen and children promotes and munity/schools work with eleviving).	nt oversees and ensure quality of life. # of FTE ling, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled N # of FTE oment, training, coachin programs as Elder Car	0.0 , supplement income 0.0 trition leading passes/pi 0.0 ative American on the control of the c	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Ideans following 2.0 Intal food and ne guidelines 2.0 Intal food and ne guidelines 2.0 Intal food and ne guidelines 3.0 Intal food and ne guidelines 4.0 Intal food and ne guidelines 5.0 Intal food and ne guidelines 6.0 Intal	referral to neede (185% poverty) a y lifestyle for Nai utrition classes. g a stroke, medid	d Commun and are four tive America al procedur	ity resources nd to have a n ans through co	for pregnant, nutritional risk 2 locati ommunity ou unction, visitii Exist an independ	ons: Ethete, Aratreach, ong and assisting viting Gym facilitie
ribal Health Administration rersonal control over their of VIC VIC Program provides nutro ostpartum women, infants Outreach Diabetes Outreach Diabetes program ransportation support, com Personal Care Attendants of VIC (Activities for Daily Lie Vellness Center Vellness Center provides for upport or cooperation with Family Planning/Domes	n Department health and writion screen and children promotes and munity/schools work with eleviving).	nt oversees and ensure quality of life. # of FTE ling, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled N # of FTE oment, training, coachin programs as Elder Car c # of FTE	0.0 , supplement income 0.0 trition leading passes/pr 0.0 ative American on the control of the c	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Incars following 2.0 Eation for Natives, CHRs etc.	referral to neede (185% poverty) a y lifestyle for Nai nutrition classes. g a stroke, medic re Americans of	ed Commun and are four tive America all procedur all ages, ac	ity resources and to have a n ans through co	for pregnant, nutritional risk 2 locati ommunity ou inction, visitii Exist an independ	ons: Ethete, Aratreach, and assisting with the service or in N, Sacred Shie
ribal Health Administration ersonal control over their of VIC VIC Program provides nutro ostpartum women, infants Outreach Diabetes Outreach Diabetes program ransportation support, com Personal Care Attendants of Description of Care Attendants of Description of Care Attendants of Care Attendants of Description of Care Attendants of Care Attendants of Description of Care Vellness Center Vellness Center Vellness Center provides f upport or cooperation with family Planning/Domestic ducation, appointment ref f domestic violence through	n Department health and control of the control of t	nt oversees and ensure quality of life. # of FTE ning, nutrition education en <5 years of age who # of FTE proper exercise and nu pool screenings, exercise # of FTE derly and/or disabled No # of FTE proment, training, coaching programs as Elder Car c # of FTE commotes Native American erilization procedures, a sion of shelters/safe hou	0.0 , supplement income 0.0 trition leading passes/pi 0.0 ative American O.0 g and educe, Diabetes 0.0 n health thind pre-nati	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Incans following 2.0 Incation for Nations, CHRs etc. 0.0 Incough emphas al/post-natal h	referral to neede (185% poverty) a y lifestyle for Nat uutrition classes. g a stroke, medic ve Americans of izing benefits of ome visits to dis	ed Commun and are four tive America all procedur all ages, ac family plant cuss family	nity resources and to have a reason through content of the content	for pregnant, nutritional risk 2 locati community out an inction, visiting an independent PH corting such eds; as well a	ons: Ethete, Artreach, and assisting witing Gym facilitient service or in N, Sacred Shielemphases throughs lowering incider
ribal Health Administration ersonal control over their in VIC VIC Program provides nutro ostpartum women, infants outreach Diabetes program ansportation support, comparisonal Care Attendants of Description of C	in Department health and intrition screen is and children in promotes in munity/schoots work with eleving). Stitness equip is such other stic Violence properties for steady the provision, Mills and the provision of the prov	nt oversees and ensure quality of life. # of FTE hing, nutrition education on <5 years of age who # of FTE proper exercise and nu pool screenings, exercise # of FTE derly and/or disabled Note # of FTE programs as Elder Carbon of FTE programs as Elder Carbon of Shelters/safe how AMI etc. # of FTE # of FTE propers of the programs of	0.0 , supplement income 0.0 trition leading passes/pi 0.0 ative American O.0 g and educe, Diabetes 0.0 in health thind pre-natives and/o 0.0	5.0 Intal food and ne guidelines 10.0 Ing to a health rograms and r 0.0 Idea food of the second of t	referral to neede (185% poverty) a y lifestyle for Nat utrition classes. g a stroke, medic ve Americans of izing benefits of ome visits to dis ther Domestic V.	ed Commun and are four tive America all ages, ac family plant cuss family iolence ass	ity resources and to have a re ans through co re or loss of fu- ting either as ning and supp planning nee istance service	for pregnant, nutritional risk 2 locati community out an inction, visiting an independent protection of the porting such eds; as well a les. Referral	ons: Ethete, Aratreach, Ing and assisting viting Gym facilitient service or in N, Sacred Shielemphases through Is lowering inciders come through
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ribal Health Administration in the state of the program of of the project o	in Department health and interest and childrent in promotes in munity/schools work with eleviving). Titness equipped such other stic Violence program of the provision of the p	nt oversees and ensure quality of life. # of FTE ling, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled Ni # of FTE loment, training, coachin programs as Elder Car c # of FTE companies Native Americal erilization procedures, a sion of shelters/safe hot AMI etc. # of FTE Alcohol Education (FAE trisk. Developmental a upportive prevention ac # of FTE m that works with "high us birth weight, health I	o.0 , supplement income 0.0 trition leading passes/pr 0.0 ative American one 0.0 g and educe, Diabetes 0.0 n health thind pre-naticuses and/o 0.0 try programs and/or diagetivities. 0.0 risk" pregrinistory etc.;	sealth services 5.0 Intal food and the guidelines of the services 10.0 Ing to a health regrams and records of the services	referral to needer (185% poverty) and the style for National Participants of the style for Manager and the style for Manager and the style for	and Communand are found are found are found tive America all ages, according to the family plant cuss family cuss	ity resources and to have a reason through content of the content	for pregnant, nutritional risk 2 locati ommunity out an inction, visiti an independent of the sease of the se	ons: Ethete, Aratreach, and and assisting witing Gym facilitic lent service or in N, Sacred Shide amphases through some through counseling and esearch, (WC
Fribal Health Administration personal control over their in NIC MIC Program provides nutripostpartum women, infants Dutreach Diabetes Dutreach Diabetes program ransportation support, come personal Care Attendants in Nelliness Center (Nelliness Center provides from the Nelliness Center programs such as Wife Fas/FAE Fetal Alcohol Syndrome (Fassinal support to pregnation the Nelliness Center) (NIAMI Project is a state further in defining "high risk" (Interial defining "high risk" (Interial defining "high risk") (Interial defining "high risk")	in Department health and interest and childrent in promotes in munity/schools work with eleviving). Titness equipped such other stic Violence program of the provision of the p	nt oversees and ensure quality of life. # of FTE ling, nutrition education en <5 years of age who # of FTE proper exercise and nu ool screenings, exercise # of FTE derly and/or disabled Ni # of FTE loment, training, coachin programs as Elder Car c # of FTE companies Native Americal erilization procedures, a sion of shelters/safe hot AMI etc. # of FTE Alcohol Education (FAE trisk. Developmental a upportive prevention ac # of FTE m that works with "high us birth weight, health I	o.0 , supplement income 0.0 trition leading passes/pr 0.0 ative American one 0.0 g and educe, Diabetes 0.0 n health thind pre-naticuses and/o 0.0 try programs and/or diagetivities. 0.0 risk" pregrinistory etc.;	sealth services 5.0 Intal food and the guidelines of the services 10.0 Ing to a health regrams and records of the services	referral to needer (185% poverty) and the style for National Participants of the style for Manager and the style for Manager and the style for	and Communand are found are found are found tive America all ages, according to the family plant cuss family cuss	ity resources and to have a reason through content of the content	for pregnant, nutritional risk 2 locati ommunity out an inction, visiti an independent of the sease of the se	ons: Ethete, Aratreach, ons: Ethete, Aratreach, ong and assisting witing Gym facilitie ent service or in N, Sacred Shie emphases through s lowering incident s come through counseling and esearch, (WC) ttilizing standardiz
Fribal Health Administration personal control over their in MIC MIC Program provides nutrices postpartum women, infants Dutreach Diabetes Dutreach Diabetes Dutreach Diabetes program ransportation support, compared to the personal Care Attendants of the Attendants of the personal Care Attendants of the personal Care attendants of the personal care provides from the programs of the programs such as WIFAS/FAE Fetal Alcohol Syndrome (F. Personal support to pregnate personal support to pregnate personal support to pregnate personal personal personal health Cardiac Rehab Cardiac Rehab promotes in	in Department health and writion screen and children in promotes and with eleving). If the sequip is such other existic Violence programs for steady the provision of the provision in the provision and such and	nt oversees and ensure quality of life. # of FTE hing, nutrition education en <5 years of age who # of FTE proper exercise and nu cool screenings, exercise # of FTE derly and/or disabled No. # of FTE derly and/or disabled No. # of FTE coment, training, coaching programs as Elder Carlor of FTE cometes Native Americal erilization procedures, assion of shelters/safe hot AMI etc. # of FTE although the provention accurate works with "high us birth weight, health I may lead to the birth of # of FTE alth among post-cardiace although the shift weight, health I may lead to the birth of # of FTE alth among post-cardiace in the strength of the shift and the shift among post-cardiace in the shift works with the shift and the shift of FTE alth among post-cardiace in the shift of FTE alth among post-cardiace in the shift of the shift of FTE alth among post-cardiace in the s	o.0 , supplement meet income on one of the passes/p. O.0 ative American on one of the passes/p. O.0 g and educe, Diabete. O.0 n health thind pre-natiuses and/or diagram/or diagram/	ealth services 5.0 Intal food and the guidelines 10.0 Ing to a health rograms and r 0.0 Incans following 2.0 Cation for Natives, CHRs etc. 0.0 Tough emphas al/post-natal her referrals to one of the control	referral to needed (185% poverty) and stroke, medical versions of the control of	ad Communand are found are found are found are found are found are found are family plant cuss family	ity resources and to have a real ans through content of the conten	for pregnant, nutritional risk 2 locati ommunity out unction, visitii Exist an independent of the conting such ods; as well a les. Referral th, education, tistics and referral or a PHN. Unorted in acquirily, CABGS	ons: Ethete, Aratreach, ons: Ethete, Aratreach, ong and assisting viting Gym facilitielent service or in N , Sacred Shielent service on in N , Sacred Shielent service on in counseling and esearch, (WC) Utilizing standardizuring and etc.) through
Tribal Health Administration personal control over their in INIC WIC Program provides nutricostpartum women, infants Dutreach Diabetes Dutreach Diabetes program ransportation support, comparts of the Initial Care Attendants of Initial Care I	in Department health and interest and childrent in promotes in munity/school in the work with eleving). It it is equipped in the provision of	nt oversees and ensure quality of life. # of FTE hing, nutrition education en <5 years of age who # of FTE proper exercise and nu cool screenings, exercise # of FTE derly and/or disabled Note of FTE homent, training, coaching programs as Elder Carlor of Steller Stelle	o.0	ealth services 5.0 Intal food and the guidelines 10.0 Ing to a health rograms and rograms and rograms and rograms following 2.0 Cation for Nating, CHRs etc. 0.0 Tough emphas al/post-natal har referrals to one of the control	referral to needed (185% poverty) and the stroke, medical version of the stroke of the	and Communand are found are found are found are found are found and procedured all ages, according to the family plant cuss family followed assuments that counselvering from the family followed are found are found are found are family followed are found ar	ity resources and to have a real ans through content of the conten	for pregnant, nutritional risk autritional risk autritional risk and risk an independent and independent autrition, visitii. Exist an independent an independent autrition, visitii. PH corting such a ds; as well a es. Referral autritics and referral autrition, autritics and referral autrition. The corted in acquiring progress.	ons: Ethete, Aratreach, ons: Ethete, Aratreach, ong and assisting witing Gym facilitient service or in N, Sacred Shielent service sthrough counseling and esearch, (WC dtilizing standardizaring and etc.) through
ribal Health Administration in the standard of	in Department health and interest and childrent in promotes in munity/school in the work with eleving). It it is equipped in the provision of	nt oversees and ensure quality of life. # of FTE hing, nutrition education en <5 years of age who # of FTE proper exercise and nu cool screenings, exercise # of FTE derly and/or disabled Note of FTE homent, training, coaching programs as Elder Carlor of Steller Stelle	o.0	ealth services 5.0 Intal food and the guidelines 10.0 Ing to a health rograms and rograms and rograms and rograms following 2.0 Cation for Nating, CHRs etc. 0.0 Tough emphas al/post-natal har referrals to one of the control	referral to needed (185% poverty) and the stroke, medical version of the stroke of the	and Communand are found are found are found are found are found and procedured all ages, according to the family plant cuss family followed assuments that counselvering from the family followed are found are found are found are family followed are found ar	ity resources and to have a real ans through content of the conten	for pregnant, nutritional risk autritional risk autritional risk and risk an independent and independent autrition, visitii. Exist an independent an independent autrition, visitii. PH corting such a ds; as well a es. Referral autritics and referral autrition, autritics and referral autrition. The corted in acquiring progress.	breastfeeding, k. cons: Ethete, Ar treach, and assisting with the service or in N , Sacred Shide the service of the service or in N , Sacred Shide the service of the

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care				Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Primary Care	Provider Visits Only					Provider Visits Only			
Family Practice	_	Providers	3.6	4.7	131%	0	\$58	\$0	
•	Visiting Provid	ers to outlying areas.							
		Provider Offices	4.0	5.0	125%				
		Exam Rooms	8.0	11.0	138%				
Internal Medicine		Providers	0.0		100%	0	\$58	\$0	
	Visiting Provid	ers to outlying areas.							
		Provider Offices	0.0		100%				
Dedictric		Exam Rooms	0.0	0.0	100%	0	ФГ <i>А</i>	ФО.	
Pediatric	2,948	Providers	0.7	0.2	29%	0	\$54	\$0	
	visiting Provid	ers to outlying areas. Provider Offices	1.0		0%				
		Exam Rooms	2.0		0% 0%				
Ob/Gyn	0	Providers	0.0		100%	1,906	\$261	\$497,106	
Ob/ Oyli		ers to outlying areas.	0.0		100 /0	1,300	ψΔ01	ψτο1,100	
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Primary Care Total	19,292	Providers	4.3	4.9	114%	1,906		\$497,106	
,	,	Provider Offices	5.0	5.0	100%	.,000		4 101,100	
	Nursing Sup	port (RN+LPN+CNA)		5.5	85%				
	0 1	Exam Rooms	10.0	11.0	110%				
		Dept. Gross Sq. Mtrs		362.0	50%				
Emergency Care		ER Providers	0.0		100%	0	\$247	\$0	
	Nursin	g Support (RN+LPN)	0.0		100%				
		Patient Spaces	0.0		100%				
		Dept. Gross Sq. Mtrs	0.0		100%				
Specialty Care	Provider Visits Only					Provider Visits Only			
Orthopedics		Providers	0.0	0.1	100%	0	\$226	\$0	
Orthopedics		ers to outlying areas.	0.0	0.1	100 /6	U	ΨΖΖΟ	ΨΟ	
	violang i rovia	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Ophthalmology	0	Providers	0.0		100%	0	\$292	\$0	
	Visiting Provid	ers to outlying areas.					•	•	
	· ·	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Dermatology	0	Providers	0.0		100%	0	\$135	\$0	
	Visiting Provid	ers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%	-			
General Surgery		Providers	0.0		100%	0	\$187	\$0	
	Visiting Provid	ers to outlying areas.							
		Provider Offices	0.0		100%				
Otalananala		Exam Rooms	0.0	0.05	100%	^	0404	#	
Otolaryngology		Providers	0.0	0.05	100%	0	\$191	\$0	
	visiting Provid	ers to outlying areas. Provider Offices	0.0		4000/				
		Exam Rooms	0.0 0.0		100% 100%				
Cardiology	0	Providers	0.0		100%	0	\$231	\$0	
Cardiology		ers to outlying areas.	0.0		10070	U	φ231	φυ	
	visiting F10VIO	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Urology	0	Providers	0.0		100%	0	\$187	\$0	
Grology		ers to outlying areas.	0.0		100 /0	U	ψ101	ΨΟ	
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
			0.0		100/0				

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Contract Health Care						
		Direct Hea		Exist KC				
	Planned	Key Characteristics	# Req'd in	(From		Planned	Cost /	Total CH
Discipline	Projected	(KC)	2015	Quest.)	% of Need	Projected	Unit	Dollars
Neurology	0	Providers	0.0		100%	0	\$198	\$0
3,	Visiting Provid	ders to outlying areas.					·	·
	ū	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Other Subspecialties						0	\$571	\$0
Nephrology		Providers	0.0	0.025	100%			
Тертооду		ders to outlying areas.	0.0	0.023	100 /0			
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Allergy		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.			10070			
	3	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Pulmonology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
	-	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Gerontology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Gastroenterology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Rheumatology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Oncology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Pediatric-Genetics		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.	0.0		4000/			
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Traditional Healing		Providers Offices	1.0		0%			
		Provider Offices	1.0		0%			
Dodietry Visite	0	Exam Rooms Podiatrists	1.0 0.0	0.15	0%	0	\$0	\$0
Podiatry Visits		ders to outlying areas.	0.0	0.15	100%	U	φU	φU
	Visiting Provid	Podiatry Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Specialty Care Sub-Total	0	Exam Rooms	1.0	0.0	0%	0		\$0
opecialty Gale Gub-Total	U	Provider Offices	1.0	0.0	0%	U		ΨΟ
		Dept. Gross Sq. Mtrs	73.0	0.0	0%			
Total In-House Providers	19,292	Providers	5.3	5.2	99%			
Visiting Professional Clinic	6,176	Exam	3.0		0%			
<u> </u>	,	Provider Offices	2.0		0%			
		Dept. Gross Sq. Mtrs	219.0		0%			
	-	,,						

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Other Ambulatory Care Services									
Dental Service Minutes	441,275	Dentists	4.3	2.5	58%	0	\$0	\$0	
Derital Service Militates		ders to outlying areas.	4.5	2.5	30 /6	U	ΨΟ	ΨΟ	
	Visiting i Tovi	Hygenists	2.2	0.0	0%				
		Dental Chair	11.0	6.0	55%				
		Dept. Gross Sq. Mtrs	451.0	184.0	41%				
Optometry Visits	2,205	Optometrist	1.1	1.0	91%	0	\$0	\$0	
Optomony violes		ders to outlying areas.	1	1.0	0170	J	ΨΟ	ΨΟ	
	violarig i rovi	Provider Offices	2.0	1.0	50%				
		Eye Lanes	2.0	2.0	100%				
		Dept. Gross Sq. Mtrs	134.2	50.0	37%				
Dialysis Patients	0	Dialysis Stations	0.0	00.0	100%	25	\$856	\$21,645	
Diaryolo i aliento	· ·	Dept. Gross Sq. Mtrs	0.0		100%	20	φοσσ	Ψ21,010	
Audiology Visits	0	Audiologists	0.0	0.025	100%	0	\$304	\$0	
rudiology violis	~	ders to outlying areas.	0.0	0.020	10070	J	ΨΟΟΨ	ΨΟ	
	violing i rovi	Audiologist Offices	0.0		100%				
		Audiologist Offices Audiology Booths	0.0	1.0	100%				
		Dept. Gross Sq. Mtrs	0.0	7.0	100%				
		Dept. 01033 0q. Will3	0.0	7.0	10070	-			
Behavioral Health									
Mental Health Visits	_	Counselors	2.4	2.0	83%				
Psychiatry		Counselors	0.0	0.2	100%				
Social Service Visits		Counselors	1.7	1.0	60%				
Alcohol & Substance Abuse		Counselors	7.0	4.0	57%				
Behavioral Health Total		Total Counselors	11.1	7.2	65%	0	\$0	\$0	
	Visiting Provid	ders to outlying areas.							
		Counselor Offices	12.0	8.0	67%				
		Dept. Gross Sq. Mtrs	312.0	206.0	66%				
Inpatient Care						Inp	atient CHS	\$ are at SU	
Births	0	LDRPs	0.0		100%	0	\$2,859	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
Obstetric Patient Days	0	Post Partum beds	0.0		100%	0			
•		Dept. Gross Sq. Mtrs	0.0		100%				
Neonatology Patient Days	0	# of Bassinets	0.0		100%	0	\$1,203	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
Pediatric Patient Days	0	# of Beds	0.0		100%	0	\$1,203	\$0	
-		Dept. Gross Sq. Mtrs	0.0		100%				
Adult Medical Acute Care	0	# of Beds	0.0		100%	0	\$827	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
Adult Surgical Acute Care	0	# of Beds	0.0		100%	0	\$827	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
Intensive Care Patient Days	0	# of Beds	0.0		100%	0	\$827	\$0	
Ţ		Dept. Gross Sq. Mtrs			100%				
Psychiatric Patient Days	0	# of Beds	0.0		100%	0	\$335	\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
.,,.		2 op 0.000 oq			100%	0	\$399	\$0	
Medical Detox Patient Days	0	# of Beds	0.0		100/0	U	ΨΟΟΟ		
	0				100%	O	ΨΟΟΟ	, ,	
	0	# of Beds				O	φοσσ	• •	
Medical Detox Patient Days		# of Beds Dept. Gross Sq. Mtrs # of Beds	0.0		100%	U	ΨΟΟΟ	•	
Medical Detox Patient Days		# of Beds Dept. Gross Sq. Mtrs	0.0	0	100% 100%	0	φοσσ	\$0	

Resource Allocation Plan



Resource Allocation

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	Direct Health Care					Cont	ract Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Ancillary Services								
Laboratory Services								
Clinical Lab	19,476	Tech staff @ peak	2.0	3.2	160%	Lab Te	echs do X-l	Rays
Microbiology Lab	2,333	Tech staff @ peak	0.2		0%			
Blood Bank	0	Tech staff @ peak	0.0		100%			
Anatomical Pathology	0	Tech staff @ peak	0.0	0.0	100%	407	0.475	# 00.000
Lab Total	21,809	Tech staff @ peak	2.2	3.2	145%	497	\$175	\$86,992
Pharmacy	53,488	Dept. Gross Sq. Mtrs Pharmacists	44.0 2.1	110.0 3.5	250% 167%	0	\$0	\$0
гнаннасу	33,400	Dept. Gross Sq. Mtrs	110.9	119.0	107%	U	φυ	φυ
Acute Dialysis	0	Rooms	0.0	113.0	100%			
Notice Bidiyolo	J	Dept. Gross Sq. Mtrs	0.0		100%			
Diagnostic Imaging		Bopti Grood Gq. Milio	0.0		10070	-		
Radiographic exams	2,227	Rooms	0.4	1.0	250%	0	\$205	\$0
Ultrasound Exams	0	Rooms	0.0		100%	0	\$227	\$0
Mammography Exams	0	Rooms	0.0		100%	0	\$57	\$0
Fluoroscopy Exams	0	Rooms	0.0		100%	0	\$62	\$0
CT	0	Rooms	0.0		100%	0	\$602	\$0
MRI exams	0	Rooms	0.0		100%	0	\$813	\$0
Diagnostic Imaging Total	2,227	Radiologists	0.2		0%	0		\$0
		Dept. Gross Sq. Mtrs	60.0	50.0	83%			
Nuclear Medicine	0	Rooms	0.0		100%	0	\$511	\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
Radiation Oncology	0	Rooms	0.0		100%			
Ch a marth a ram.	0	Dept. Gross Sq. Mtrs	0.0		100%	22	6770	£40,40C
Chemotherapy	0	Patient Spaces Dept. Gross Sq. Mtrs	0.0		100% 100%	23	\$779	\$18,196
Rehabilitation Services	-	Dept. Gross Sq. Milis	0.0		100%			
PT Visits		Therapy FTE	0.0		100%			
OT Visits		Therapy FTE	0.0		100%			
Speech Therapy Visits		Therapy FTE	0.0		100%			
Rehab Total	0	Therapy FTE	0.0	0.0	100%	0	\$210	\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
RT Workload Minutes	0	Therapy FTE	0.0		100%	18,280		\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
Cardiac Catherization	0	Rooms	0.0		100%	0	\$2,503	\$0
		Dept. Gross Sq. Mtrs	0.0		100%			
Surgery		_						
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	0	\$1,220	\$0
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	0	\$1,220	\$0
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	0		\$0
		# of Pre-Op Spaces	0.0		100%			
		# of PACU Spaces # of Phase II Spaces	0.0		100%			
Surgical Case Total	0	# of Phase II Spaces	0.0	0.0	100% 100%	0		\$0
Surgical Case Total	U	Dept. Gross Sq. Mtrs	0.0	0.0	100%	U		φυ
		Dopt. Gloss oq. Milis	0.0		100/0			
Administrative Support								
Administration		# of FTE	7.9	4.5	57%			
		Dept. Gross Sq. Mtrs	149.6	68.0	45%			
Information Management		# of FTE	1.2	0.5	43%			
		Dept. Gross Sq. Mtrs	20.0	6.0	30%			
Health Information Mngmt.		# of FTE	10.7	6.0	56%			
- O.C.		Dept. Gross Sq. Mtrs	82.4	73.0	89%			
Business Office		# of FTE	5.8	1.5	26%			
Contract Health		Dept. Gross Sq. Mtrs	87.1	18.0	21%			
Contract Health		# of FTE	1.7	3.5	210%			
		Dept. Gross Sq. Mtrs	25.0		0%			

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Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care			Contr	act Healtl	n Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Facility Support Services								
Clinical Engineering	#	of FTE	0.9		0%			
	· ·	ept. Gross Sq. Mtrs	25.7		0%			
Facility Management		of FTE	4.8	1.0	21%			
		ept. Gross Sq. Mtrs	68.6	45.0	66%			
Central Sterile		of FTE	0.7		0%			
N:-4		ept. Gross Sq. Mtrs	29.8		0%			
Dietary		of FTE	0.0		100% 100%			
Property & Supply	· ·	ept. Gross Sq. Mtrs of FTE	0.0	0.0	100%			
Toperty & Supply		ept. Gross Sq. Mtrs	0.0	38.0	100%			
Housekeeping & Linen		of FTE	5.0	1.0	20%			
Todockeeping & Ellien		ept. Gross Sq. Mtrs	16.5	21.0	128%			
Preventive Care	- · · 				1_0.0	-		
Public Health Nursing		of FTE	6.1	2.0	33%			
Tublic mealth indisting		or FIE s to outlying areas.	0.1	2.0	33%			
	•	ept. Gross Sq. Mtrs	107.9	26.0	24%			
Public Health Nutrition		of FTE	1.7	0.2	12%			
abile Fleath Nathtion		s to outlying areas.	1.7	0.2	12 /0			
	U	ept. Gross Sq. Mtrs	20.2	3.0	15%			
Environmental Health	· ·	of FTE	0.0	1.0	100%			
		ept. Gross Sq. Mtrs	0.0	20.0	100%			
Health Education		of FTE	1.2	0.2	17%			
	D	ept. Gross Sq. Mtrs	15.8	10.0	63%			
Case Management	#	of FTE	1.9	0.0	0%			
	Visiting Provider	s to outlying areas.						
	D	ept. Gross Sq. Mtrs	34.1	0.0	0%			
CHR		of FTE	12.3	11.0	89%			
		ept. Gross Sq. Mtrs	167.3	120.0	72%			
Diabetes Program		of FTE	0.0	0.45	100%			
W. II		ept. Gross Sq. Mtrs	0.0	3.0	100%			
Wellness Center		of FTE	2.0	F7.4	0%			
WIC		ldg. Gross Sq. Mtrs. of FTE	180.0 5.0	57.1 5.0	32% 100%			
WIC		ept. Gross Sq. Mtrs	68.0	5.0 172.0	253%			
	-	cpt. Gross oq. Mitis	00.0	172.0	233 /6			
Additional Services - IHS Sup			0.0		4000/			
Hostel Services		ooms	0.0		100%			
EMS		ept. Gross Sq. Mtrs of FTE	0.0		100% 100%	608	\$0	\$0
_IVIO		of Ambulances	0.0		100%	000	φυ	φυ
		ept. Gross Sq. Mtrs	0.0		100%			
Security		of FTE	5.0		0%			
Sociality		ept. Gross Sq. Mtrs	31.0		0%			
Transportation		of FTE	0.0		100%	0	\$0	\$0
· · · · · · · · · · · · · · · · · · ·	D	ept. Gross Sq. Mtrs	0.0		100%		, -	•
Total FTE Staff - IHS or IHS	6 638 RRM Supp	orted	112.2	33.0	29%			
Total Building Gross Square Meters			4,633	2,708	58%			
Substance Abuse Non- Acute Care								
Adult Residential Treatment	0 #	of Beds	0.0		100%			
		ept. Gross Sq. Mtrs	0.0		100%			

Resource Allocation Plan



Resource Allocation

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct He	alth Care			Cont	h Care	
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Adolescent Residential	0	# of Beds	0.0		100%			
Treatment Substance Abuse Transitional	0	Dept. Gross Sq. Mtrs # of Beds	0.0		100%			
Care	U	# or Beds Dept. Gross Sq. Mtrs			100% 100%			
					10070			
Total SANAC - Building Gro	ss Square M	leters	0	0	100%			
Additional Services - Non-IHS	Supported							
Elder Care								
Nursing Home	0	# of patient beds	0.0		100%			
_		Bldg. Gross Sq. Mtrs	0.0		100%			
Assisted Living	0	# of patient beds	0.0		100%			
-		Bldg. Gross Sq. Mtrs	0.0		100%			
Hospice	0	# of patient beds	0.0		100%			
		Bldg. Gross Sq. Mtrs			100%			
Outreach Elder Care		# of FTE	8.0		0%			
		Bldg. Gross Sq. Mtrs	108.8		0%	-		
Home Health Care	0	# of Home Health Care FTE	0.0		100%	0	\$3,425	\$0
		Bldg. Gross Sq. Mtrs	0.0		100%			
Elder Care Total	0	# of patient beds	0.0	0	100%	-		
Lider Gare Total	U	Bldg. Gross Sq. Mtrs	_	0	0%			
Total Elder Care - Building (Gross Sauar	e Meters	136	0	0%			
Total Liuoi Guio Building (oroco oqua.				0,0			
Miscellaneous Services								
Tribal Health Administration		# of FTE	0.0	3.0	100%			
		Dept. Gross Sq. Mtrs		165.0	100%			
Outreach Diabetes		# of FTE	10.0	10.0	100%			
		Bldg. Gross Sq. Mtrs		193.0	142%			
MIAMI		# of FTE	0.0		100%			
Daniel Oans Attandents		Bldg. Gross Sq. Mtrs # of FTE			100%			
Personal Care Attendants			0.0		100%			
Family Planning/Domestic		Bldg. Gross Sq. Mtrs # of FTE	0.0		100% 100%			
Violence		Bldg. Gross Sq. Mtrs			100%			
FAS/FAE	-	# of FTE	0.0		100%			
I AS/I AL		Bldg. Gross Sq. Mtrs			100%			
Cardiac Rehab		# of FTE	0.0		100%			
Cardiae (Ceriab		Bldg. Gross Sq. Mtrs			100%			
With Eagle's Wings		# of FTE	38.0	37.0	97%			
SBD Case Mgmnt.		Bldg. Gross Sq. Mtrs		418.2	100%			
Other		# of FTE			100%			
		Bldg. Gross Sq. Mtrs			100%			
Miscellaneous Services Bui	lding Gross		136	776	571%			
						Contract He	alth	
Grand Total - Total Building	Gross Squa	re Meters	4,905	3,484	71%	Dollars Sub-	-Total	\$623,938
						Other Exper	iditures -	\$199,660

Contract Health
Inflation Adjusted

CHS \$ - Total

\$1,103,622